

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE |
|--|----------|------|------------------------|------|------------------------|------|--------------|-------------|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | * | * |
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| TOTAL DEP. | | ↓ | 24 | ↓ | | ↓ | | |
| TOTAL CLAIMS | | | 35 | | | | | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ | | |
| TOTAL DEP. | | ↓ | | ↓ | | ↓ | | |
| TOTAL CLAIMS | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS